

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application No.	10/055,342
Filing Date	January 22, 2002
First Named Inventor	Saul R. Dooley
Group Art Unit	
Examiner Name	
Attorney Docket Number	5926P079

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with Customer Number:

**08791**

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**08791**

OR

Firm or  
Individual Name

Address

Address

City

State

Zip Code

Country

Telephone

Fax

I am the:

Applicant.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name

*Stefan Franco*

Signature

*[Signature]*

Date

*02-00-2002*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of \_\_\_\_\_ forms are submitted.